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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

None *HS*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None *HS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/25/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 11	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>HS</i>				

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## TITLE

Conduit for aorta or pulmonary artery replacement

FILING FEE

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FEES: Authority has been given in Paper  
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